

MAY 31 2007

PTO/SB/21 (12-97)

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

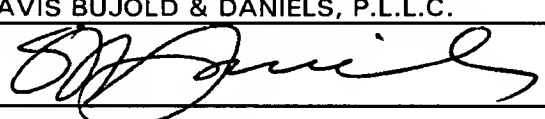
Application Number	10/554,592
Filing Date	with an effective filing date of March 26, 2004
First Named Inventor	Stephen Michael KUESTER
Group Art Unit	3636
Examiner Name	Milton NELSON Jr. Fax: (571) 273-8300
Total No. of Pages in this Submission: 11	Attorney Docket Number COLGRA P60AUS

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee attached <input checked="" type="checkbox"/> Response (8) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (in Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Postcard
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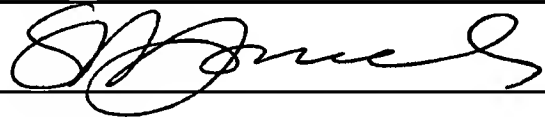
## REMARKS

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Scott A. Daniels DAVIS BUJOLD & DANIELS, P.L.L.C.	Reg. No. 42,462 CUSTOMER NO. 020210
Signature		
Date	May 29, 2007	

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on May 29, 2007.

Type or printed name	Scott A. Daniels
Signature	 Date: May 29, 2007 (tac)

*Complete if Known*

FREE TRANSMITTAL  
For FY 2006

10/554,592  
effectively March 26, 2004  
Stephen Michael KUESTER  
Milton NELSON Jr.  
3636

COLGRA P60AUS

**METHOD OF PAYMENT** (check all that apply)

■ Deposit Account      Deposit Account Number 04-0213      Deposit Account Name: DAVIS BUJOLD & DANIELS, P.L.L.C

**Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17** **Credit any overpayments**

### FEE CALCULATION

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (4)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Share (\$)</u>
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>		<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
	-20 or HP =		x	=	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-3 or HP +	x	=	

HP = highest number of independent claims paid for, if greater than 3.

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>		<u>Extra Sheets</u>	<u>No. of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-100 =		/ 50 =	(round up to a whole number) x	=	

<b>OTHER FEE(S)</b>		<b>Fees and (\$)</b>
Petition for a 2-month Extension of Term (SMALL)	.....	<b>\$225</b>

Other (e.g., late filing surcharge): \_\_\_\_\_

SUBMITTED BY

8/11/2011

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**Scott A. Daniels**

Registration No.  
(Atty/Agent) 32,018

Date: May 29, 2007